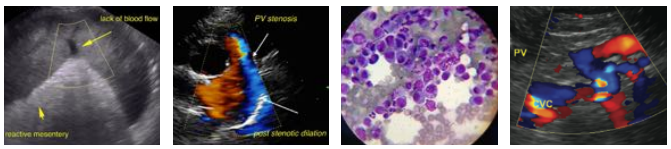
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Phoenix Schetting

SPECIES
Canine

BREED
Cairn Terrier

SEX
Spayed female

AGE
12 years

WEIGHT
NA

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Animal General Augusta

REFERRING VET
Dr. Castimore

INVOICE
42188

DATE
1/17/23

PRESENTING CLINICAL SIGNS

History: Anemic, ADR.
Abnormal PE/Chem/CBC/UA Results: RBC 2.99; HCT 21.7; HGB 8; MCH 26.9; RDW 12.7; RETIC 144.4; WBC 21.64; NEU 12.25; LYM 6.12; MONO 1.32; EOS 1.92; PLT 1007; MPV 14.9; PCT 1.5; BUN 29; ALKP 589

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight pyelectasia was noted. The left kidney measured 4.4 cm. The right kidney measured 4.44 cm with anechoic cysts that measured 0.47 cm. Other anechoic cysts were noted in the kidneys.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.2 x 0.58 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland measured 1.59 x 0.38 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The **spleen** revealed multi-focal, expansive nodules that measured up to 1.6 cm.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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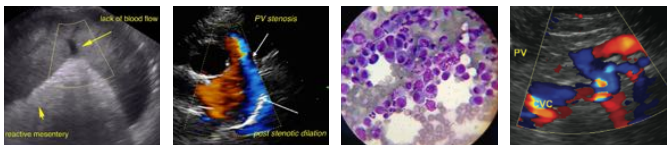

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

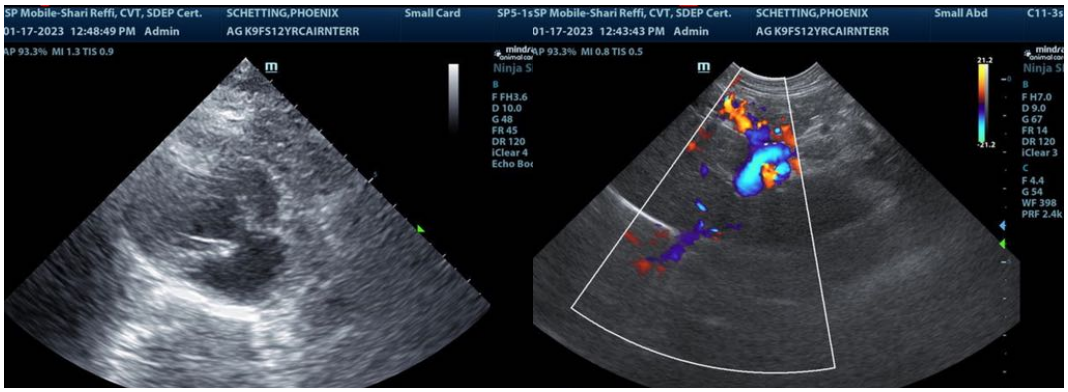
ULTRASONOGRAPHIC FINDINGS

Multiple, expansive splenic nodules, likely focal manifestation of systemic disease.

There is no cause of anemia noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodules, CBC path review and bone marrow aspirates are all indicated in this patient. There is a strong concern for round cell neoplasia or similar. Splenectomy can be considered; however, this is not the overt cause of anemia, yet is likely related to the cause of anemia. Bone marrow asampling is strongly recommended.



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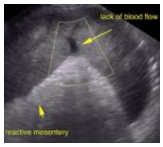
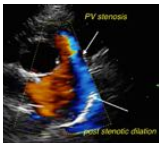
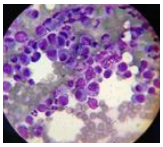
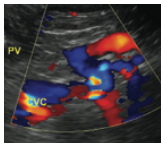

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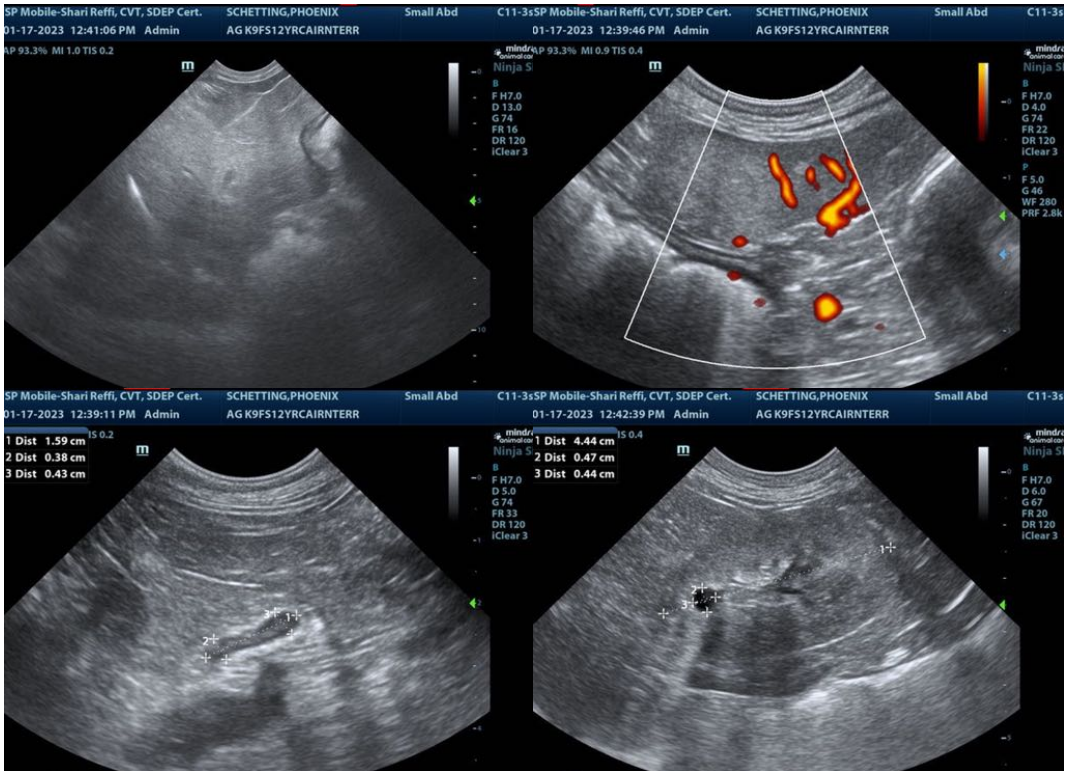

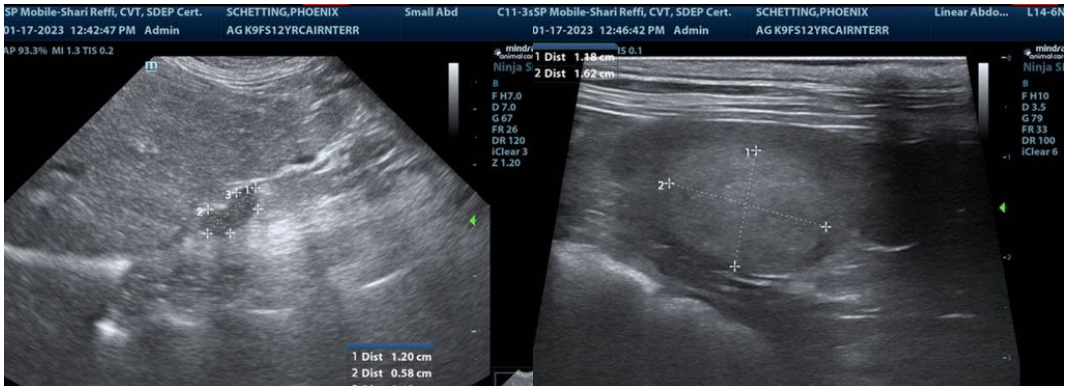

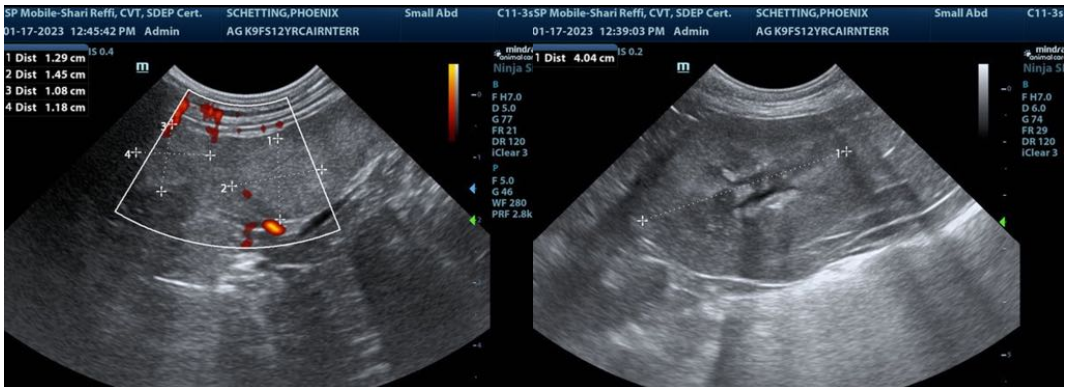

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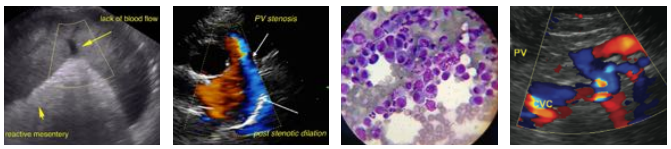

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com